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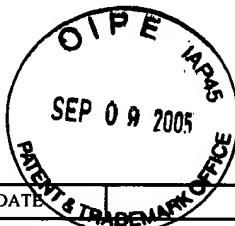
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22428

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06/17/2005

FOLEY AND LARDNER  
SUITE 500  
3000 K STREET NW  
WASHINGTON, DC 20007



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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/955,090	09/19/2001	Jun Sakakibara	016907-1289	9775

TITLE OF INVENTION: IMAGE INPUTTING APPARATUS AND IMAGE FORMING APPARATUS USING FOUR-LINE CCD SENSOR  
09/13/2005 MBEYENE2 0000009 09955090

01 FC:1501	1400.00 OP	02 FC:1504PLN. TYPE	SMALL ENTITY 300.00 OP	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300		\$1700	09/19/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEE, CHEUKFAN	2622	358-514000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1 <u>FOLEY &amp; LARDNER LLP</u>
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		2 _____
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### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

#### (A) NAME OF ASSIGNEE

- 1) KABUSHIKI KAISHA TOSHIBA
- 2) TOSHIBA TEC KABUSHIKI KAISHA

#### (B) RESIDENCE: (CITY and STATE OR COUNTRY)

- Tokyo, JAPAN  
Tokyo, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-0741 (enclose an extra copy of this form).

### 5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_

SEP 09 2005

Date \_\_\_\_\_

Registration No. 40,888

Typed or printed name Pavan K. Agarwal

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